

Avera eEmergency

Avera Health – Sioux Falls, SD

Background

Beginning in 1993, Avera Health offered eConsult services to rural, frontier and critical access hospitals that were part of the Avera Health system. Ten years later, eCARE expanded to provide eICU care. In addition, Avera eCARE delivered 24/7 access to a wide range of medical specialists and referrals to specialty care for a growing number of underserved populations and communities. In 2009, Avera eCARE launched eEmergency and ePharmacy for all of Avera's rural hospitals. Additional funding from the Helmsley Charitable Trust and other sources allowed expansion to more than 200 facilities across eight states and the ability to serve partners outside Avera Health. By 2012, eCARE services were available for long-term care and correctional facilities. Avera eCARE telemedicine professionals work together 24/7/365 in the eHELM, a virtual hospital hub, also created in 2012 with the assistance of the Helmsley Charitable Trust.

Program Overview

Health care systems, hospitals, outpatient clinics, long-term care organizations and correctional facilities take advantage of Avera eCARE to support their onsite staff members and services; deliver fast response to patients' health needs, including urgent and critical care; help avoid unnecessary transfers; reduce patient travel time and expense by improving care for residents where they live; and coordinate referrals to additional medical specialists.

Since the launch of eEmergency in 2009, board-certified emergency department (ED) physicians have delivered immediate, supportive care to EDs at more than 100 hospitals across the country. When a hospital partners with eEmergency, the team stands ready to respond immediately and assist with complex emergency cases, immediate medical direction, ordering diagnostic testing while waiting for the bedside provider to arrive, expediting air ambulance, nursing documentation, and emergency specialty consults.

eEmergency staff don't replace the bedside physician and team, they supplement the hospital's current staff to provide the best possible care for their patients. They respond directly to the hospital's request for assistance and tailor their approach on a patient-by-patient basis.

Here's how it works:

1. The eEmergency team implements secure, interactive, high-definition video and audio equipment and software into a participating hospital's emergency department and trains their staff.
2. When providers at a participating hospital need emergency assistance, they simply push a button to connect 24/7/365 with eEmergency board-certified, emergency physicians and critical care nurses, who respond immediately from the virtual hospital hub.
3. eEmergency staff clarify what level of support is being requested. Arranging for a transfer? Nursing documentation? Physician consult or orders? Running a code? Behavioral health assessment? Specialty consult? Staff can help as much or as little as needed.

4. eEmergency staff pull up the hospital ED's profile. They have the staff lists, phone numbers, medications, supplies, equipment, EMR/PACS access and procedures in front of them so they can operate effectively as a member of the participating hospital's team.
5. After the visit, eEmergency staff fax documentation and orders to the hospital to include in the medical record. Debriefing services are also available as needed.

Ongoing quality improvement reporting helps participating hospitals view performance on key chest pain, stroke, sepsis, and emergency airway metrics.

Impact

The eEmergency program helps participating hospitals enhance emergency care in their communities; avoid costly transfers and retain revenues in their facilities; transfer the right patients faster and more easily; improve quality of care, performance on nationally reported metrics and adherence with evidence-based medicine through Avera eEmergency's protocol and scripting programs; and improve their ability to recruit and retain top-quality medical staff.

Results for the past 12 months include \$6.3 million in cost savings; 900+ potential patient transfers avoided; 5,000+ video encounters; 19-minute reduction in door to physician, when local ED providers aren't immediately available.

Lessons Learned

Earlier emergency telemedicine efforts failed because they did not offer immediate access to a physician. Avera was able to hire a dedicated team that is on camera with the end-user team in less than 60 seconds. This gives rural sites the confidence to know that the telemedicine team will be there for whatever need might arise – a critical factor in supporting strong utilization. A dedicated client management team, supported by a quality and education program, further support staff buy-in and consistent use by local clinicians.

Future Goals

Avera continues to grow eEmergency to additional hospitals and sites. Recently this has taken the form of partnership with other like-minded health systems. These regional facilities are able to leverage the eEmergency platform and emergency physician support to offer their own clinical services, such as neurology, stroke or cardiac care. eCARE will continue to look for ways to expand and enhance the program for rural and underserved communities.

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